

SHORT COMMUNICATION STRABISMUS SURGERY – EASY TO UNDERSTAND

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Abstract: *This paper describes about various surgical procedures of Strabismus surgery.*

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INTRODUCTION:-

“When muscle is contracted, then it produce force and this force is responsible for Eyeball rotation. This eyeball rotation is directly proportional to the length of the Moment Arm” Strabismus surgery is needed when ocular misalignment are present. The meaning of Ocular Misalignment is: “Images of an object are fallen at the parafoveal region. In case of Eso Deviation, the images of an object are fallen at the “Nasal fovea” and in case of Exo Deviation, the images of an object are fallen at the “Temporal fovea”

Types of strabismus surgery:

- [1]. Recession Procedure
- [2]. Resection Procedure
- [3]. Reduce the length of Moment Arm
- [4]. Transposition Procedure

A. Recession procedure

Here, muscle is become slack. Due to this, muscle insertion position is bring towards the muscle origin position. It means the distance between muscle insertion and muscle origin is reduced. In Recession procedure, muscle arm will not be considerably changed. This procedure is properly followed in case of Rectus muscle and Oblique muscle, but in case of Superior Oblique muscle, its tendon is recessed.

B. Resection procedure

The name of Resection Procedure is “Muscle Shortening Procedure.” It means, here, the muscle is cut or shortened. Procedures followed are,

- ❖ Resection
- ❖ Tuck
- ❖ Plication

Resection:

Here, directly muscle is being cut. Thus, muscle gets shortened.

Tuck:

The shorten the muscle, it is being folded.

Application:

To shorten the muscle, it is being folded and sutured it to sclera.

C. Reduce the length of moment arm

Its name is Faden Procedure. Here, rectus muscle is sutured with the sclera. This suturing is made (12-14 mm) away posteriorly from the Rectus muscle Insertion. The rectus muscle is called “FADEN MUSCLE.” Here, the eye is rotated towards Faden muscle, then the Arc of contact is unravel. This is not significant when the eye is in Primary position. Faden’s effectivity is high in cases of Medial Rectus muscle as its Arc of Contact is short.

D. Transposition

Here, muscle insertion is changed by the muscle pulling. Usually, this procedure is applicable in cases of A-V phenomenon. Always it is remembered that, Medial Rectus muscle is towards Apex Lateral Rectus muscle is towards Widening

Displacement:

In cases of small vertical tropia, horizontal muscle (Medial Rectus + Lateral Rectus) offsetting is needed.

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